			•			¢			in l	10%	27//	4
PATENT APPLICATION FEE DETERMINATION RECOF						Application or Doctor Number P = 8 7-54.05 C2						
	PAIENIA		we Januar					Ľ	- 8	17	4.05	C2
CLAIMS AS FILED - PART I (Column 1) (Column 2)								LEN		OTHER THAN		
TOTAL CLASMS			17				RA	TE	FEE	1	RATE	FEE
FOR						ER EXTRA	BASK	FEE	375.00	OR	BASIC FEE	750.00
TOTAL CHARGEABLE CLAIMS			17 minus 20»				XS	9=		OR	X\$18=	
PROEPENDENT CLAMS / minus 9 = /				×	2=		OR	X84=				
M	MALTIPLE DEPENDENT CLAIM PRESENT						410	10=		OR	+280=	
* If the difference in column 1 is less than zero, enter *0" in column 2						10	TAL		OR.	TOTAL	750	
9	3-9-45 CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)						SM	ALL I	ENTITY	OA	OTHER SMALL	ENTITY
MTA	/	CLAMAS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOR PAID F	er ISLY	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	.17	Minus	-2	0		XS	9.		OR	X\$18-	
至	Independent	• /	Minus	***	3	•	X4	2= .		OR	X84=	
_	FIRST PRESE	NTATION OF M	ULTIPLE DEF	ENDENT	CLAIM		+1	40=		OR	+280=	
	• .		_	•				OYAL , FEE	-	OR	ADONT, FEE	
"		(Column 1)	, •	(Colum	m 2)_	(Column 3)		, ree		•		•
AMENDMENT B		CLAIMS REMAINING AFTER AMENOMENT		HIGHE MUMB PREVIO PAID F	ER USLY	PRESENT EXTRA	R/	ίτε	ADDI- TIONAL FEE		RATE	ADDI- TIONAL PEE
ğ	Total	.17	Minus	- 1	0	•	×	9=	,	OR	X\$18=	
19	Independent	• /	Mirus	230	3	<u> </u>	×	2=	/	OR	X845	Y
ᄕ	FIRST PRESE	ENTATION OF M	RETIPLE DE	THEORE	CLAIM		1	40= /		OR	1280 •	
			•				L.,	OIAL		OR	1007	
,	2/05	(Column 1)		(Cotum	nn 2)	(Column 3)		i. fæe			ALVIII. FE	
AMENDMENT C	7	CLAHAS REMADING AFTER AMENDMENT		HIGH MUME PREVIO PAID	est Ber Wsly	PRESENT EXTRA		ATE	ADOI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Na Na	Total	• 17	Minus		0	- (5.00		OR	50.0° X\$18=	1
	Independent	. 1	Minus	900 (3	•)	1 L	2.00	·	OR	2000	•
Ľ	FIRST PRES	ENTATION OF A	AULTIPLE DE	PENDENT	CLASS	<u> </u>	J	40=	 	1	200	1
. ا	If-the entry in col	uma 1 (9 leas Chiga	the entry in col	um 2, whe	Vin o	clume 3.		40° 1074			1013	
	"He he hether Number Proviously Paid For" IN THIS SPACE is less than 20, enter "20." "If the hether Proviously Paid For" IN THIS SPACE is less than 2, enter "20." "If the hether Proviously Paid For" IN THIS SPACE in less than 2, enter "3." The hether Proviously Paid For" (Robel or Independent) is the highest number found in the appropriate box in column 1.											E l
Ļ		1202 . 110	Oderan Oderan	CORNER 2009 -	400.00	B9(6)	Princt o	375	ment Cilina	UE 6	PARTICIPAT	

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